

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

1225

Lobbyist's Registration Number

## Instructions

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2413 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge, LA 70806, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

FOR OFFICE USE ONLY

Postmark Date: 12/14/05

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N# 9018

#110. CDWJR

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RECEIVED

1. NAME Stolier Jack M  
Last First MI

2. BUSINESS PHONE (504) 561-1044  
Area Code and Phone Number

3. BUSINESS ADDRESS 909 Poydras Street, Suite 2600 New Orleans, LA 70112  
Street and No. City State Zip

MAILING ADDRESS Same  
Street and No. City State Zip

4. EMPLOYER Sullivan, Stolier & Resor, APLC

5. EMPLOYER'S ADDRESS 909 Poydras Street, Suite 2600, New Orleans, LA 70112  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Rural Hospital Coalition, Inc.

Address 729 S. Acadian Thruway, Baton Rouge, LA 70806

Business or purpose Association of small rural hospitals

Does this person pay you? No

If No, who pays you? Company contract with Rural Hospital Coalition, Inc.

(Company Name - Sullivan, Stolier & Resor, APLC)

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2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

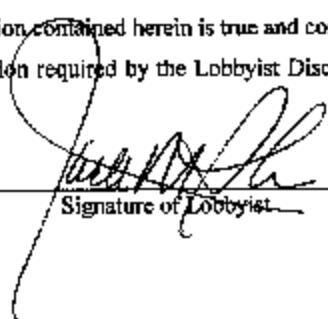
Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
\_\_\_\_\_  
Signature of Lobbyist

ATTACH  
2" x 2"  
PHOTOGRAPH  
HERE  
FOR  
INITIAL  
REGISTRATION  
ONLY